

**DECLARATION
Utility Application**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled MULTICAST MEDIA DISTRIBUTION SYSTEM the specification of which

(Check One) ☒ is attached hereto OR
☐ was filed on _____ as United States Application Serial No. _____ or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed	
			Yes	No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date
60/429,966	November 27, 2002

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	Parent Filing Date	Status-Patented, Pending or Abandoned

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

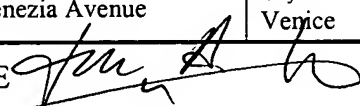
201	FULL NAME OF INVENTOR	FIRST Name Richard	MIDDLE Initial C.	LAST Name FICKLE	
	RESIDENCE & CITIZENSHIP	City Sedalia	State or Foreign Country Colorado		Country of Citizenship
	POST OFFICE ADDRESS	P.O. Box 146 4840 Mustang Circle	City Sedalia	State or Country CO	Zip Code 80135
INVENTOR'S SIGNATURE			DATE 10.16.03		

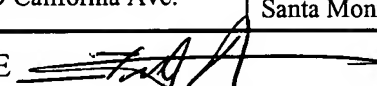
202	FULL NAME OF INVENTOR	FIRST Name José	MIDDLE Initial A.	LAST Name RÓYO	
	RESIDENCE & CITIZENSHIP	City Venice	State or Foreign Country California		Country of Citizenship
	POST OFFICE ADDRESS	933 Venezia Avenue	City Venice	State or Country CA	Zip Code 90291
INVENTOR'S SIGNATURE			DATE _____		

203	FULL NAME OF INVENTOR	FIRST Name Timothy	MIDDLE Initial Bruce	LAST Name ARON	
	RESIDENCE & CITIZENSHIP	City Santa Monica	State or Foreign Country California		Country of Citizenship
	POST OFFICE ADDRESS	1603-D California Ave.	City Santa Monica	State or Country CA	Zip Code 90403
INVENTOR'S SIGNATURE			DATE _____		

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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	POST OFFICE ADDRESS	933 Venezia Avenue	City Venice	State or Country CA	Zip Code 90291
INVENTOR'S SIGNATURE 					DATE <u>10/4/2003</u>

203	FULL NAME OF INVENTOR	FIRST Name Timothy	MIDDLE Initial Bruce	LAST Name ARON	
	RESIDENCE & CITIZENSHIP	City Santa Monica	State or Foreign Country California		Country of Citizenship
	POST OFFICE ADDRESS	1603-D California Ave.	City Santa Monica	State or Country CA	Zip Code 90403
INVENTOR'S SIGNATURE 					DATE <u>10/8/03</u>

**POWER OF ATTORNEY
By Assignee**

ASCENT MEDIA GROUP, INC., assignee(s) of the application for United States Letters Patent for an improvement in

MULTICAST MEDIA DISTRIBUTION SYSTEM
by Richard C. Fickle et al.

the specification of which:

- ☒ s filed herewith, OR
☐ as filed on _____, having U.S. Patent Application Serial No. _____,

does hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, all of the registered practitioners identified by Customer Number 34263:

34263
PATENT TRADEMARK OFFICE

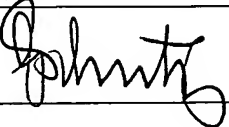
O'MELVENY & MYERS LLP
114 Pacifica, Suite 100
Irvine, CA 92618
(949) 737-2900

Please send all correspondence to the attention of David B. Murphy, at the above Customer Number, and direct all telephone calls to (949) 737-2900.

I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent application identified above from the inventor(s) to the assignee(s), which:

- ☒ is filed for recordation herewith; or
☐ was recorded at Reel _____, Frame _____; or
☐ has been sent for recordation under separate cover, copy attached herewith.

To the best of the undersigned's knowledge and belief, title is in the assignee(s) identified above. Furthermore, the undersigned is empowered to sign this document on behalf of the assignee(s).

Full Name of Assignee: Ascent Media Group, Inc.	
Post Office Address: 520 Broadway, Fifth Floor, Santa Monica, Ca 90401	
Signature of Declarant or Assignee: 	Date: 10/17/03
Full Name of Declarant	
If Other Than Assignee: Gavin W. Schutz	
Title of Declarant: Executive Vice President and Chief Technology Officer	
Address of Declarant: 520 Broadway, Fifth Floor, Santa Monica, Ca 90401	